

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033412

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 347

Primary Registration District No. 6160

Registrar's No. 35

FILED AUG 21 1962

1. PLACE OF DEATH

a. COUNTY

Stone

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)

a. STATE Missouri

b. COUNTY

Euchanan

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR

TOWN

Rural: Ance Twp.

Length of stay in 1b

c. CITY

OR

TOWN

St. Joseph

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

2608 S. 14th St.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

JESSE

L.

FORTNER

4. DATE OF DEATH

Month

Day

Year

August 9, 1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/1/1896

9. AGE (last birthday)

65

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Engineer

10b. KIND OF BUSINESS OR INDUSTRY

Railroad Co.

11. BIRTHPLACE (City and state or country)

Fayetteville, Ark.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Jefferson

13b. MOTHER'S MAIDEN NAME

Neoma Sexton

14. NAME OF HUSBAND OR WIFE

Florence F. Fortner

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Florence Fortner, 2608 S. 14th, St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Accidental Drowning

INTERVAL BETWEEN ONSET AND DEATH

Instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Capsizing of the Aunts Creek Resorts

20c. TIME OF INJURY

Hour

Min.

Month, Day, Year

8/9/62

Boat Dock, in wind storm

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

Reeds Spring

COUNTY

Stone

STATE

Missouri

21. I attended the deceased from

Coroners Case

to

and last saw him alive on

Death occurred at

6 P.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Sherry Moulton

Coroner

22b. ADDRESS

Crane, Missouri

22c. DATE SIGNED

8/13/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

8/13/1962

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

St. Joseph

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Heaton-Bowman, St. Joseph, MO

25. DATE RECD. BY LOCAL REG.

Aug 16, 1962

26. REGISTRAR'S SIGNATURE

Mary F. Stewart

AUG 24 1962
AUG 28 1962

FEB 27 1963

Permit issued
Aug 10, 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

body, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed George H. Moore

Licensed Embalmer No. 3827

P. O. Address Orlando, Fla

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.